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FM AMEMBASSY RIYADH
TO RUEHC/SECSTATE WASHDC PRIORITY 1084
INFO RUEHZM/GULF COOPERATION COUNCIL COLLECTIVE PRIORITY
RUEHBD/AMEMBASSY BANDAR SERI BEGAWAN PRIORITY 0015
RUEHBK/AMEMBASSY BANGKOK PRIORITY 0280
RUEHBY/AMEMBASSY CANBERRA PRIORITY 0152
RUEHKL/AMEMBASSY KUALA LUMPUR PRIORITY 0060
RUEHLO/AMEMBASSY LONDON PRIORITY 2936
RUEHML/AMEMBASSY MANILA PRIORITY 0720
RUEHNE/AMEMBASSY NEW DELHI PRIORITY 0498
RUEHNC/AMEMBASSY NOUAKCHOTT PRIORITY 0029
RUEHOT/AMEMBASSY OTTAWA PRIORITY 0278
RUEHWL/AMEMBASSY WELLINGTON PRIORITY 0001
RUEAUSA/DEPT OF HHS WASHDC PRIORITY
RUEHPH/CDC ATLANTA GA PRIORITY

UNCLAS SECTION 01 OF 02 RIYADH 000871

SENSITIVE
SIPDIS

STATE FOR NEA/ARP (HARRIS)

E.O. 12958: N/A
TAGS: [ECON](#) [PGOV](#) [PREL](#) [TBIO](#) [KFLU](#) [CASC](#) [ASEC](#) [AMGT](#) [SA](#)
SUBJECT: SAUDI H1N1 UPDATE: 81 CASES, CDC VISITORS ADVISE
ON HAJJ PREP, DEPUTY HEALTH MINISTER SACKED

REF: A. RIYADH 761
[B](#). RIYADH 800
[C](#). RIYADH 837

81 H1N1 CASES TO DATE

[1](#). (SBU) On June 30, the Ministry of Health (MOH) announced that the number of confirmed cases of H1N1 in Saudi Arabia since June 3 has risen to 81. There have been no known H1N1 fatalities to date in the country, and 39 H1N1 patients had been released from hospitals as of June 24. Several patients were identified as H1N1-positive upon return from travel to Australia, Brunei, Canada, India, Malaysia, New Zealand, the Philippines, Thailand, the United Kingdom, and the United States, and the remainder were infected upon close contact with infected returning travelers. H1N1-infected persons reportedly have ranged in age from 2 months to 56 years, including 19 under the age of 10. Nineteen of the reported H1N1 cases have been health workers, mostly Filipino and Malaysian nurses.

CDC ADVISES ON HAJJ PREPARATIONS

[2](#). (SBU) The MOH, at the King's order, asked for U.S. assistance with H1N1 preparations for the Hajj (expected to fall November 25-30), and subsequently held a June 27-30 H1N1 workshop in Jeddah with the Centers for Disease Control (CDC), World Health Organization (WHO), EU CDC, and Australian Health Protection Center. The health experts visited the Hajj Terminal of King Abdulaziz International Airport, seaports of entry, and laboratory facilities, and then divided into 8 working groups to discuss preventive measures during the Hajj.

[3](#). (SBU) In a July 1 debrief at Consulate General Jeddah, CDC head of delegation Dr. Scott McNabb said the Ministry conducted the H1N1 discussions in a "transparent, open, scientific way." CDC delegation members said current Saudi border screening and quarantine was state of the art, but cautioned that laboratory facilities and holding areas at entry points would be insufficient for the nearly three million Hajj pilgrims expected (one-third Saudi, two-thirds foreign). The delegation discussed scenarios with the MOH,

like a change in the severity of the virus in the fall, and warned that tough decisions like cancelling the Hajj might have to be considered. McNabb said the Saudi health communication campaign, which emphasizes personal responsibility and hygiene, has been "outstanding." The MOH held a press conference June 30 to announce the workshop's 15 recommendations, though press reports focused only on one of the recommendations -- that children, pregnant women, the elderly, and those with chronic diseases skip the Hajj this year.

HEALTH MINISTRY LEADERSHIP CHANGE

¶4. (SBU) According to press reports, the Minister of Health reshuffled the leadership of the Ministry, and on June 29 Al-Shams reported that the Assistant Deputy Minister for Preventive Medicine Dr. Khalid al-Zahrani was removed due to the perceived deficient handling of H1N1 in Saudi Arabia. Dr. Ziyad Maymash, the newly appointed Assistant Deputy Minister, spoke at the opening of the Jeddah workshop and said 10 new thermal detectors would be installed at Jeddah's King Abdulaziz International Airport, the main gateway of Hajj and Umrah pilgrims.

COMMENT

¶5. (SBU) The Saudi government, up to the highest levels, is taking the H1N1 pandemic very seriously. It is seeking, and doing its best to follow, international guidance on H1N1

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prevention and surveillance. Nevertheless, the Jeddah workshop highlighted the many practical challenges of identifying, isolating, treating, and returning home any of the many pilgrims who become infected with the virus in the concentrated geographic areas where the Hajj takes place. Mitigating the potential risk of the Hajj spreading H1N1 infections far and wide will require not only additional local preparations but also international coordination and awareness campaigns beyond Saudi Arabia's borders. The Kingdom's national identity is closely tied to its custody of Islam's two holiest sites and hosting of the annual Hajj, and we expect it will take necessary steps to prevent the pilgrimage this fall from contributing to an otherwise possible international public health disaster. End comment.
ERDMAN